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DE	SIGN	First Named	Inventor	Tom J. W	illekes	
	APPLICATION FR 1.63)		COMPLETE	E IF KNOW!	V	
Declaration	Declaration	Application	Number			
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		Examiner N	lame		·····	
As a below named inventor,	I hereby declare that:					
My residence, post office addr	ress, and citizenship are as	stated below next to my r	name.			
I believe I ma the original, first are listed below) of the subject					tor (if plur	al names
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the specification of which is attached hereto OR was filed on (MM/DI Application Number I hereby state that I have revie	and was amended o	,	(if applicable).		aims as a	amended by
any amendment specifically re	ferred to above.		•			
I hereby claim foreign priority I or 3659a) of any PCT internati below and have also identified international application having	onal application which designed below, by checking the box	gnated at least one count x, any foreign application	ry other than the Ur for patent or invento	nited States of A	America, I	listed
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified (
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	DECLARATION	- Utility or Design Pater	t Application			

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

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As a named	inventor, I h	ereby appo	int the followin	ng registere	d practitione	r(s) to prose	cute this applica	tion and to t	ransac	t all busines
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Joh	n D. Crane			5,231		Vemon	E. Williams			8,713
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	e E. Garlick			6,520			all Mishler			2,006
Jame	s A. Harriso	n		0,401			L. Smith			8,620
Δdditio	nal registere	d practition	er(s) named o	on suppleme	ental Registe	red Practitio	oner Information	sheet PTO/S	SB/026	C attached he
	rrespondenc	e to: 🔲 (Customer Nur or Bar Code	mber			spondence addr			
Name	Bruce E.	Garlick								
Address	Garlick &	Harrison								
Address	P.O. Box	691								
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City	Spicewoo	od			State	TX		Zip		
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